



(Assistant Examiner) (Date)

(Legal Instruments Examiner) (Date)

(Primary Examiner) (Date) 5/29/07

Total Claims Allowed:

O.G.
Print Claim(s)

O.G.
Print Fig.

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
	1		31	25	61		121		181
	2		32	26	62		122		182
	3		33	27	63		123		183
	4		34	28	64		124		184
	5		35	29	65		125		185
	6		36	30	66		126		186
	7	1	(37)	31	67		127		187
	8	2	38	32	68		128		188
	9	3	39	33	69		129		189
	10	4	40	34	(70)		130		190
	11	5	41		71		131		191
	12	6	42		72		132		192
	13	7	43		73		133		193
	14	8	44		74		134		194
	15	9	45		75		135		195
	16	10	46		76		136		196
	17	11	47		77		137		197
	18	12	(48)		78		138		198
	19	13	49		79		139		199
	20	14	50		80		140		200
	21	15	51		81		141		201
	22	16	52		82		142		202
	23	17	53		83		143		203
	24	18	54		84		144		204
	25	19	55		85		145		205
	26	20	56		86		146		206
	27	21	57		87		147		207
	28	22	58		88		148		208
	29	23	(59)		89		149		209
	30	24	60		90		150		210